

tioners than do the seven medical colleges of the state.**

This demoralizing, not to say calamitous, situation suggests two remedies: First, what President Pritchett aptly calls *professional patriotism*, that sort of regard for the honor of the profession and that sense of responsibility for its efficiency, which will "enable a member of that profession to rise superior to the consideration of personal advantage or social cliques." As long as practitioners look upon medical education as a perquisite of the medical profession, as a direct means of revenue and of clientele, just so long will the dawn of model educational conditions be retarded. Professional patriotism should cause the concentration of all material in a single clinical school located in San Francisco, where university ideals and resources would prevail. Professional patriotism should make it impossible for any material to be diverted to a polyclinic (the San Francisco Polyclinic, chartered in California as a medical college is not even mentioned by the Carnegie report in its study of the post-graduate schools—thirteen in number—of the United States), or any group of unproductive practitioners.

Secondly, "the *State Boards* are the instruments through which the reconstruction of medical education will be largely effected." Nowhere more than in California (logic and equity call for an amendment to the California Medical Act making the minimum preliminary educational requirements uniform for all applicants for licensure) has the power of the State Board been made use of in the purging of colleges, upbuilding of educational standards, and compelling respect for the written law, through, first, a systematic investigation of preliminary qualification; secondly, an unceasing inspection of medical schools; thirdly, the inauguration of practical examination for licensure. The necessity for the pursuance of the first two functions is ever present. The third function—examination for licensure—is unquestionably the most potent lever. Unfortunately, it is almost ignored, for, as Flexner justly remarks, "at present these examinations are not only without stimulating effect; they are actually depressing."

That written examinations are notoriously apt to follow beaten paths is well known to quiz masters and compilers of state board examination questions. In the conduct of examinations why do not state boards keep pace with the rapidly improving teaching methods? Why, for example, does the California Board cling religiously to the examination forms and customs inaugurated seven years ago and refuse to subject applicants to the only rational tests—*laboratory and clinical tests*,*** as practiced in other countries? Such tests at the hands of examiners chosen for their special training and knowledge

would go far to check low standards, deficient equipment, bad teaching and failure to correlate laboratory and clinic. Examining boards drawn, not for geographical reasons, not from the political strong or popular practitioners, but from the best and most properly equipped elements of the profession, intelligently organized, provided with adequate funds and guided by practical methods, would soon sound the death knell of short cuts in medical education, and thus protect both the prospective student and the public health against the "formidable combination made by ignorance, incompetency, commercialism and disease."

THE CARNEGIE REPORT.

A COMMENT.

The Report of the Carnegie Foundation, though an indictment of medical education in the United States, is just. Without expressing any opinion regarding the report so far as it relates to the conduct or equipment of any school in particular, I think that the findings in general regarding medical education in our country are warranted by the facts.

While our people have shown enthusiasm for education in general, they have given little or no attention to the training of skilled practitioners either in medicine or law. For generations public opinion has demanded the widest possible diffusion of education in the ordinary school branches and in higher learning as represented by the culture courses of our universities. It was perhaps natural in a young country like ours, where the energies of the people are devoted mainly to the development of our material resources, that the first additions made to the culture courses were those fostering material wealth. Perhaps it was for this reason that colleges of agriculture and the mechanical arts were deemed proper departments of a university. For several years presidents and boards of trustees of universities have considered it proper to devote funds derived from the public treasury or private benefaction to the maintenance of colleges of applied sciences and to the training of scientific practitioners of civil, mechanical, mining engineering and so forth.

Medical education has been left in the hands of those whose chief interests are in the active practice of medicine. Sometimes it has fared well, and sometimes very badly. At times it has been undertaken as a means by which practitioners might add to their professional prestige; at times as a commercial enterprise. It is to the credit of the medical profession that many of the best practitioners have devoted themselves to the training of students solely because of their love of the profession, their idealistic devotion to medical science and unselfish interest in teaching.

The time has passed, however, when medical education may be considered as a commercial enterprise, as a pathway to professional prominence, or be dependent upon the self-sacrifice of high-minded practitioners. The standards of medical education, the range of instruction, the qualifications of students must all be determined, not by the ambitions of practitioners or teachers, nor by the financial neces-

** The St. Louis College of Physicians and Surgeons, following the precedent established in 1907 by a San Francisco school of not dissimilar name, has begun suit, in this instance, against the Carnegie Foundation for \$150,000. With the Council on Education of the A. M. A. and the Association of American Medical Colleges tendering corroborative evidence to the Carnegie Foundation, we may expect the St. Louis litigants to again follow the San Francisco example and ask for the dismissal of their suit.

*** The fitness of a Western examiner in bacteriology was well exemplified by his reported cures of hay fever by injections of hay bacillus.

sities of colleges, nor by the longing of universities to cover or seem to cover the entire realm of learning, but by scientific truth, efficiency in practice, and the best interests of the public.

As the practice of medicine and of law affords the only means by which the liberties, property, rights, health and lives of the people may be conserved, scientific instruction in the principles of medicine and of law is far more worthy of the fostering care of great educational institutions than are those departments that relate purely to material wealth. It is proper that agriculture and the mechanical arts should rank among the activities of institutions of higher learning, but medicine and law instead of being outcasts or hangers on should be given the place of honor.

As the study of medicine must rest upon a foundation of chemistry, physics and biology, and as its pursuit requires a philosophic point of view and a scientific method, it can flourish only in an atmosphere of academic ideals. Medical colleges must do something more than train routine practitioners. The graduates must be so thoroughly well prepared that they will be able to give their patients professional care of the highest grade, keep pace with the advances in medicine even when revolutionary in character and, by a corps specially trained in sanitary science, conserve the public health. The teachers must be investigators or the graduates are likely to be mere artisans in medicine.

The report of the Carnegie Foundation is the most valuable contribution to American education made for a generation. It is a call to duty, and to duty of the highest order; a call which should be answered by all honest practitioners of medicine, by faculties, by boards of examiners, by trustees of universities, and by the public. If the call be heard and the duty performed, our people will be spared untold suffering and the span of human life in our country will be widened. A. A. D'ANCONA.

A PROTEST FROM COOPER MEDICAL COLLEGE.

The Carnegie Foundation for the Advancement of Teaching, 576 Fifth Ave., New York, N. Y.

Gentlemen: We are in receipt of your report on "Medical Education in the United States and Canada." While in a general way we fully agree with your conclusions, and while we expect that your report will accomplish much towards improving medical instruction in our country, still we feel bound, in justice to ourselves, to correct a few errors which have crept into the report so far as our college is concerned. We are aware of the fact that such mistakes may occur, taking into account the vast territory covered, but we presume that you will gladly receive such corrections as are necessary for your own information.

Your statement in regard to Lane Hospital, that "it has hitherto been conducted as a pay institution," conveys an erroneous idea. It is true the larger number of patients at the Hospital so far have been private patients, but whatever surplus the Hospital has received from them has always been used for necessary improvements of the Hospital or Medical College, with the particular view of improving the teaching and scientific work in both. Since the establishment of the College no money has ever been

distributed in the form of dividends to any one connected with the institution.

We acknowledge that the organization of the Lane Hospital from the teaching point of view is seriously defective. This is easily accounted for in a hospital where much private work must be done to keep the institution going. Your report says, "The catalogue statement that the Hospital is a teaching Hospital is hardly sustained by the facts." What the catalogue really says is this (page 17): "Lane Hospital was designed as a teaching Hospital. It has seventy-five teaching beds, which number it is hoped to increase in the near future." We have never claimed it to be a teaching Hospital, but have always relied upon the City and County Hospital, which was not even mentioned in the report, as our chief source of clinical instruction.

The statement, "records are meager," is not borne out by the facts. There are several teaching services from the College represented in the clinical wards of Lane Hospital. The histories naturally vary a little with the different men, but they are all quite full and complete, stenographers being employed by some clinicians. There is no foundation for the assertion that no surgical rounds are made in the wards.

It is also said that obstetrical work exists only in the form of an out-patient department, whereas a small but fully equipped obstetrical ward of six beds for teaching purposes was opened at Lane Hospital on July 2, 1908. In addition there are two free obstetrical beds in Lane Hospital which were given to the Fruit and Flower Mission with the understanding that the patients could be used for teaching purposes. In parts of 1907 and 1908, 104 cases were confined in Lane Hospital. In 1909 there were 167 clinical confinements, in 1910 to July 1, 83. The out-patient obstetrical clinic was somewhat small (67 cases in 1909), but well organized. Students are always accompanied by a competent instructor and have ample instruction in external clinic examination. None of our students sees less than six confinements and some many times that number.

You go on to say: "Post mortems are scarce" and in another part of your volume you refer to the inadequacy of the autopsy material at Cooper Medical College. It is true that the number of autopsies at Lane Hospital is comparatively small, but it should have been stated that the College controls good autopsy material at the City and County Hospital. Our pathological department has averaged from 100 to 150 autopsies a year for many years, and the material has been supplemented from other services at the City and County Hospital and by material obtained at the German and St. Luke's Hospitals. We believe that our pathological department is especially well equipped for teaching and research.

It should also have been stated in your report that the medical colleges in San Francisco are in an exceptionally fortunate position in controlling the clinical material at the City and County Hospital almost absolutely. The service at this institution, averaging annually over 500 cases, is divided between the medical teaching institutions of San Francisco, and the various colleges appoint the physicians in charge. The main clinical autopsy service of our College has always been at the City and County Hospital, where conditions were very satisfactory from a teaching point of view, until it became necessary to remove the old Hospital buildings. While the new \$2,000,000 Hospital is being constructed, the patients are partly kept in the Hospitals in the city, where medical teaching is carried on, and partly at Ingleside Camp Hospital, where we now control 100 beds and use them for teaching purposes, although with some difficulty, on account of the distance and of lack of facilities. In the same catalogue that your informant refers to, it is stated on page 10: "At the City and County Hospital in San Francisco the College controls 100 beds, averaging about 1000 patients per year. The Hospital facilities will be greatly improved with the erection